Michigan Five-Year Health IT Roadmap

Coordinating Care for the Vulnerable:

Information Technology Needs and Gaps for Aging and Disability Services

CEDARBRIDGE GROUP

MDHHS

September 29, 2020

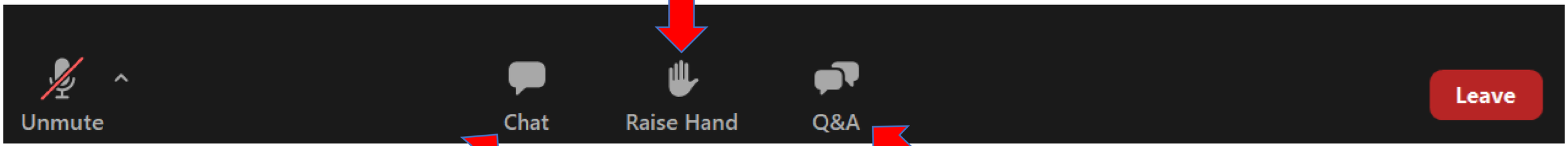
CedarBridge Group Facilitators

Kate Kiefert
Senior Consultant

Don Ross
Director

Audio and Chat Controls

To respond verbally use the **Raise Hand** option, and our facilitators will unmute you.



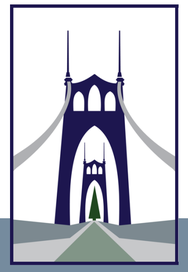
Use the **Chat** to engage with all participants

Use the **Q&A** option when you have a question for the facilitators

Participating in the Virtual Forum

- If you would like to respond verbally to a question:
  - “Raise hand” in the participant box and facilitator will call on you;
  - State your name / organization, and begin speaking; **OR**
  - Input your response in the chat
- Ask clarifying questions in the Q&A box, if needed
- To emphasize someone’s point, you may “stack” in the chat box (i.e. “+++” when you agree with what is being said)

Quick Poll #1



CEDARBRIDGE
GROUP

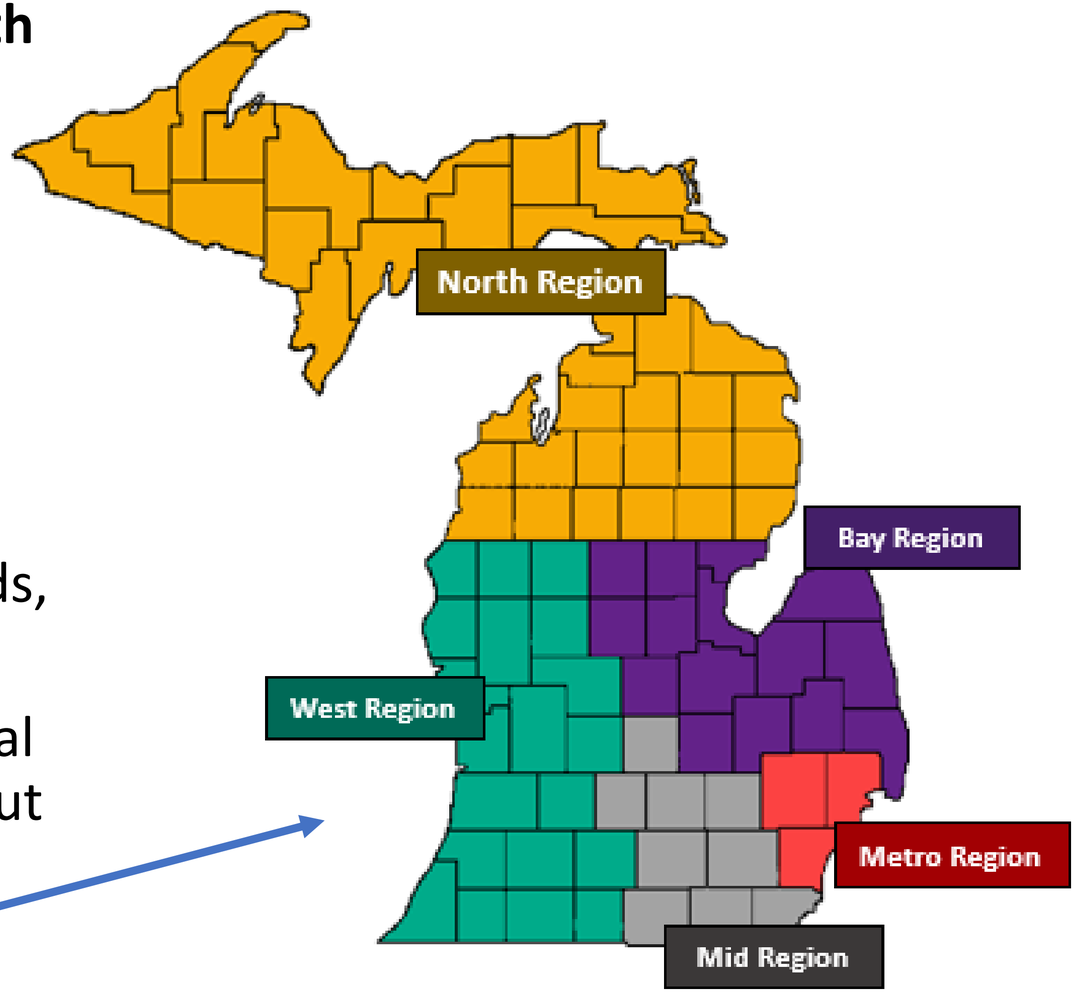
A Message from the MDHHS Director

ROBERT GORDON, DIRECTOR

Robert Gordon serves as the director of the Michigan Department of Health and Human Services, where he oversees Medicaid programs, Children's Protective Services, food assistance, public health and many other statewide health and human services programs.

Virtual Stakeholder Forums: Process

- **16 online forums will be held between September 15th – November 4th** to inform the next Statewide Health Information Technology Roadmap
- Hosted by Michigan Department of Health & Human Services (MDHHS) and Michigan Health Information Technology Commission (HITC)
- Two forums will be focused on each of eight themes
  - First forum for each theme will focus on data needs, data gaps, and "current state" for health IT
  - Second forum for each theme will focus on regional opportunities and challenges, with virtual break-out sessions for each of the five regions on this map (consolidated from MI Prosperity Regions)



Aging and Disability Services:
Data Needs & Gaps, and the Current Impact of Health IT

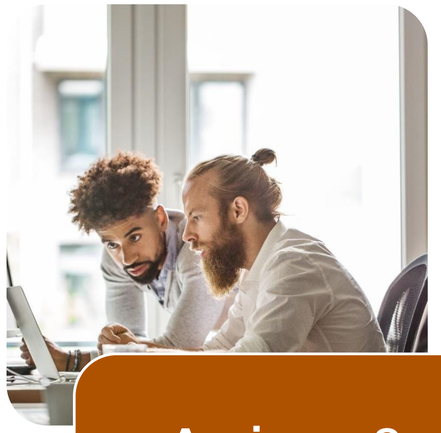
Purpose

- Hear from stakeholders and members of the community
- Learn about current priorities and challenges of organizations in Michigan
- Learn about the current use of data and health IT for supporting aging and disability service objectives, including:
  - Access to information for agency professionals, clients, and caregivers for care coordination
  - Alerts, notifications, and bidirectional communication
  - Analytics (predictive, risk adjustment, oversight, evaluation)

Coordinating Care for the Vulnerable: Health Information Technology for Aging and Disability Services

Vision for a Five-Year Health IT Roadmap

What are your health IT priorities?



Aging & Disability Services Today

Wrap Up and Next Steps

Vision for a Five-Year Health IT Roadmap

Renee Smiddy, MSBA

Senior Policy Director, Michigan Health and Hospital Association

Michigan Health Information Technology Commission

Vision for a Five-Year Health IT Roadmap: A Brief History

2005

- Governor Jennifer Granholm announces efforts to explore the role of IT in healthcare transformation and improving care outcomes
- The Michigan Department of Community Health and Department of Information Technology are charged with convening stakeholders to develop a strategy

2006

- 200+ healthcare stakeholders are convened
- The “Conduit to Care” strategy document is published
- The legislature establishes the Health IT Commission
- Federal and state funding is secured to implement plans

Vision for a Five-Year Health IT Roadmap: Strategic Planning During a Global Pandemic

2019

- The Health IT Commission adopts a resolution to update the "Conduit to Care" strategy
- The Michigan Health Endowment Fund awards funding for the development of an updated Statewide Health IT Roadmap

2020

- The coronavirus pandemic causes engagement and discovery for the Statewide Roadmap to be reimagined for virtual spaces
- 650+ healthcare, social service, community nonprofits, state and local agencies and consumer stakeholders are engaged.....THANK YOU!
- Virtual forums, surveys, and interviews will inform the planning process

Principles for Updating the Statewide Health IT Roadmap

Align

- Business strategies
- Priorities

Leverage Existing Investments

- Identify and add value to local efforts
- Maximize benefit from existing tools

Shared Goal:
Interoperability

Validate Input

- Share draft recommendations
- Solicit public comment

Inclusivity

- Create spaces for broad feedback
- Conduct comprehensive environmental scan

Connecting Virtually to Develop a Five-Year Health IT Roadmap

Healthcare Stakeholders

Social Service Stakeholders

Government Agencies

Consumers/Advocates

Virtual Outreach and Engagement

- Virtual Forums
- Electronic Surveys
- Phone Interviews
- Partner Communication Tools
- Social Media

Roadmap Development Process

Learning from the past: Principles in the Conduit to Care report

- Privacy and security are paramount
- Data for clinical care processes
- Regional-level efforts are critical
- Collaboration leads to achievable and measurable initiatives

Considering today's needs: What are your experiences?

- In your workplace
- In your personal life
- With your friends, family and in your community
- With the coronavirus pandemic

Collaborating on shared solutions: Roadmap development

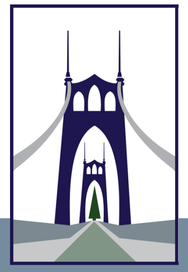
- What tools are in use today?
- What are the opportunities to improve the delivery of care?
- In what ways can social determinants of health, racial inequities and health disparities be addressed?
- How can we achieve greater interoperability?

Addressing tomorrow's challenges: Roadmap implementation

- Strategies to reduce disparities
- Prioritization of digital and IT tools
- Address the Quadruple Aim
- Create value
- Maximize the impact of public-private partnerships
- Identify and integrate funding mechanisms
- Amplify the role of governance to promote interoperability

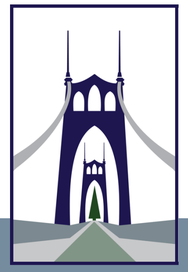
Strategic Alignment

Quick Poll #2 and Discussion



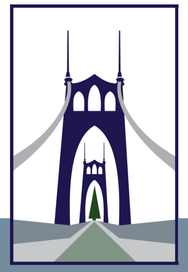
CEDARBRIDGE
GROUP

Quick Poll #3 and Discussion



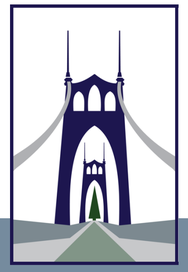
CEDARBRIDGE
GROUP

Quick Poll #4 and Discussion



CEDARBRIDGE
GROUP

Quick Poll #5 and Discussion



CEDARBRIDGE
GROUP

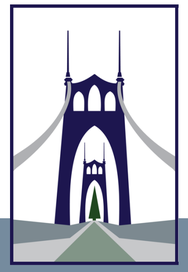
Quick Poll #6 and Discussion

CEDARBRIDGE
GROUP

Situational Scenario for Discussion

- Bill is 74 and has lived in Michigan since 1974
- Bill previously lived alone and suffered a stroke while grocery shopping
- He now lives in a skilled nursing facility, and required support with his recovery, as well as taking his medications, using the telephone, and other daily activities
- He sees several different providers and a licensed clinical social worker.
- Bill, his family, and his care providers believe he is almost ready to transition back to his house with home health care and community supports

Wrap Up & Next Steps



CEDARBRIDGE
GROUP

High Level Timeline for Roadmap Development Process

Q3 2020 - Q1 2021

- Engage Stakeholders in Environmental Scan
- Review historical documents
- Synthesize input
- Ensure ”directional correctness” with guidance from RSC
- Update HITC

Q2 2021 - Q3 2021

- Draft Roadmap with recommendations for HITC consideration
- Present draft Roadmap to HITC
- Conduct feedback process to validate stakeholder support for Roadmap
- Make necessary revisions

September 2021

Final Draft Roadmap for HITC and MDHHS acceptance/approval

Remaining Stakeholder Forums & Dates

Register at: https://bit.ly/32uM6gJ

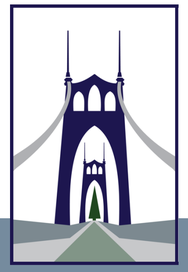
Title	Discovery Forum	Regional Forum
Reflections on Public Health During a Global Pandemic: *Information Technology Needs and Gaps for Public Health*	**September 15, 2020** **1:00 – 3:00 PM Eastern**	**October 20, 2020** **1:00 – 3:00 PM Eastern** **Registration:** https://zoom.us/webinar/register/WN_RYzYkP5eSIWL-vYK00wBeA
Coordinating During Crisis: *Information Technology Needs and Gaps for Emergency Services*	**September 16, 2020** **1:00 PM – 3:00 PM Eastern**	**October 21, 2020** **1:00 PM – 3:00 PM Eastern** **Registration:** https://zoom.us/webinar/register/WN_--jwjMgqTlS9WWnb3_jZUg
Connecting All Points of Care: *Information Technology Needs and Gaps for Behavioral Health Services*	**September 17, 2020** **1:00 PM – 3:00 PM Eastern**	**October 22, 2020** **1:00 PM – 3:00 PM Eastern** **Registration:** https://zoom.us/webinar/register/WN_WACJTlaZQLGdBO3YT3_Qtg
Using Data to Drive Outcomes: *Information Technology Needs and Gaps for Quality Improvement Efforts*	**September 21, 2020** **1:00 PM – 3:00 PM Eastern**	**October 27, 2020** **1:00 PM – 3:00 PM Eastern** **Registration:** https://zoom.us/webinar/register/WN_LU9KtX7fTP6RaQgQ1PW1qA

Remaining Stakeholder Forums & Dates

Register at: https://bit.ly/32uM6gJ

Title	Discovery Forum	Regional Forum
Bridging the Digital Divide: *Information Technology Needs and Gaps to address Racial Disparities and Social Determinants of Health*	**September 23, 2020** **1:00 PM – 3:00 PM Eastern**	**October 28, 2020** **1:00 PM – 3:00 PM Eastern** **Registration:** https://zoom.us/webinar/register/WN_1Ku_2f31QgK6bjXUYc5pzg
Resident and Advocate Perspectives on Health IT for Person-Centered Care: *Consumer perspectives on Health IT, Digital Health Solutions and patient access to data.*	**September 24, 2020** **1:00 PM – 3:00 PM Eastern**	**October 29, 2020** **1:00 PM – 3:00 PM Eastern** **Registration:** https://zoom.us/webinar/register/WN__3fAw2R9Q-qSJI1j3yQ3TA
Coordinating Care for the Vulnerable: *Information Technology Needs and Gaps for Aging and Disability Services*	**September 29, 2020** **1:00 PM – 3:00 PM Eastern**	**November 2, 2020** **1:00 PM – 3:00 PM Eastern** **Registration:** https://zoom.us/webinar/register/WN_AtaJ-TsgQqaMzR9kdP7fcg
Give All Kids a Healthy Start: *Information Technology Needs and Gaps for Maternal, Infant and Children's Services*	**September 30, 2020** **1:00 PM – 3:00 PM Eastern** **Registration:** https://zoom.us/webinar/register/WN_q92IyyPcQtuJVIv5c2eRDA	**November 4, 2020** **1:00 PM – 3:00 PM Eastern** **Registration:** https://zoom.us/webinar/register/WN_ggK1Osu1TSqwZ2BIvtNEpg

Roundtable Discussion



CEDARBRIDGE
GROUP

Thank you!

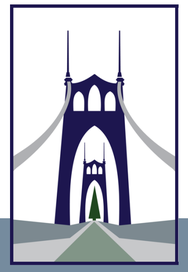
For questions or feedback, please email:
miroadmap@cedarbridgegroup.com

For more information, visit the HITC website: https://bit.ly/32uM6gJ

CEDARBRIDGE
GROUP

Appendix Slides

Quick Poll Questions



CEDARBRIDGE
GROUP

Quick Poll #1 Question

What type of organization do you represent?

- Aging, Disability, or Long-Term Support Services
- Advocacy
- Home Health Agency
- State Agency
- Health Information Exchange/Health IT
- Hospitals and Health Systems
- Primary Care
- Payer
- Behavioral Health
- Other (please describe in the **Chat starting with "Q1**")

Quick Poll #2 Questions

What clinical and non-clinical assessment tools or services are a priority for your organization? (select all that apply)

- Minimum Data Set (MDS)
- The Outcome and Assessment Information Set (OASIS)
- Medicaid Home and Community Based Services (HCBS) assessments
- Private Duty Nursing assessments
- Personal Care Services assessments
- Cognitive and Functional status assessments
- Activities of Daily Living (ADL or IADL)
- Other (please describe in the **Chat starting with "Q2"**)

What service categories or settings is your organization typically providing services within? (select all that apply)

- Home Health
- Private Duty Nursing
- Home and Community Based Services (HCBS)
- Skilled Nursing Facility
- Nursing Home Care
- Memory Care
- Durable Medical Equipment (DME)
- Personal Care
- Nutrition support
- Other (please describe in the **Chat starting with "Q3"**)

When assessing client's needs, how does your organization collect data or record the results of the assessment? (select all that apply)

- On a paper assessment form
- On a computer, where data then needs to be entered in a separate system/database
- On a computer where data is automatically captured and stored in our database
- Through a mobile app
- Patient or caregiver reported through a paper form submission
- Patient or caregiver reported through an electronic form submission process
- Other (please describe in the **Chat starting with "Q4"**)

Quick Poll #3 Questions

After completing a client assessment, where is the data ultimately stored?

- It is filed in paper form in a secure facility
- It is stored on the assessor's secure computer
- It is stored on the organization's secure database
- It is stored on a secure third-party organization's database
- Within the local Area Agency on Aging (AAA)'s database
- On state-owned data systems
- Other (please describe in the **Chat starting with "Q5**")

Is your organization able to run care management or population health analysis on your client's data?

- Yes
- No
- Unsure

Would you like for your organization to be able to run more advanced care management or population health analysis on client data?

- Yes
- No

Quick Poll #4 Questions

When the assessment shows that the client's condition has worsened or requires a higher level of care, how is the transition of care typically coordinated?

- The client's health record is updated and flagged for appropriate follow-up care.
- The assessor communicates with the higher-level provider by phone, email, or fax.
- The assessor communicates with the higher-level provider through a shared IT system.
- The higher-level provider receives an automated alert based on the assessment.
- Other (please describe in the **Chat starting with "Q8"**)

What other health information sources is your organization accessing for your clients?

- State data and information systems
- Area Agency on Aging data and information systems
- Community-based organization referral directory
- Hospital information systems
- Regional health information exchange
- MiHIN
- Other (please describe in the **Chat starting with "Q9"**)

What other information or systems does your organization need to access to improve service delivery and care management?

- Hospital event notifications (admit, discharge, transfers)
- A health information exchange
- State data and information systems
- Area Agency on Aging data and information systems
- Community-based organization referral directory
- Hospital information systems
- Regional health information exchange
- MiHIN
- Other (please describe in the **Chat starting with "Q10"**)

Quick Poll #5 Questions

In rural areas where broadband internet connection may be limited, how is data collected and stored?

- Paper form
- Phone, email, or fax
- Saved on a computer until it can be entered into a system
- By visiting local internet hubs or cafes
- Other (please describe in the **Chat starting with "Q11**")

Do you feel confident in the security of IT data capturing tools for services provided to older adults and people with disabilities?

- Yes
- No

Quick Poll #6 Questions

How do family members and caregivers appropriately access health information on your clients?

- ○ Contact the Area Agency on Aging
- ○ Through the organization's patient/client portal
- ○ Telephone, fax, or email
- ○ Through the mail
- ○ Other (please describe in the **Chat starting with "Q13**")

What areas of the long-term care, aging, and people with disabilities care delivery system require *Improved* electronic information sharing capabilities? (select all that apply)

- ○ Non-emergency transportation
- ○ Benefits assistance available
- ○ Behavioral health coordination
- ○ Chronic disease management systems and supports
- ○ Transitions in care settings
- ○ Transitions between care providers
- ○ Payer requirements and systems (i.e., prior authorization rules, claims reimbursements)
- ○ Social determinants of health screenings and referrals (e.g., housing instability, food insecurity, justice system involved)
- ○ Other (please describe in the **Chat starting with** "**Q14"**)

Quick Poll #7 Questions

How does Bill's care team communicate and receive updates on his health conditions, medications, goals and individual service plan?

- Provider would receive an alert in their system.
- Do not currently receive updates until speaking with the patient at next schedule appointment.
- Case manager logs into an electronic case management platform and can see relevant update.
- Case manager calls as part of routine check-in.
- Other (please describe in the **Chat starting with "Q15**")

How are you proactively managing and tracking services for clients like Bill?

- We have reporting and analytics capabilities.
- We track information in spreadsheets.
- We conduct individual/client manual reviews.
- Other (please describe in the **Chat starting with "Q16**")

Quick Poll #8 Questions

Today, how do you assess Bill's needs, identify available services and potential interventions so that he can move out of the nursing home?

- Mostly electronic
- Partially electronic and manually
- Majority is done manually.
- Other (please describe in the **Chat starting with "Q17**")

If after moving back into his house, Bill's conditioned worsened and he required a short in-patient hospital stay, how are Bill's care providers typically coordinating his transition and follow-up care?

- Through a hospital event notification system (admit, discharge, transfer)
- Through an IT system or electronic health record
- Through Bill's case manager or licensed clinical social worker
- Through phone, email, or fax
- Other (please describe in the **Chat starting with "Q18**")